

Restraint Authorizer

Legal Training

Mandatory Training for Anyone Authorizing the Use of an Emergency Restraint

Department of Developmental Services

Office for Human Rights

Learning Objectives

What is an emergency restraint?

What are the rules and regulations governing the use of emergency restraint?

How are restraints documented?

What is the role of the Restraint Authorizer?

Are escorts considered to be restraints?

Is Time-Out a form of restraint?

What is an Emergency Restraint?

An emergency restraint is a limitation of a person's movement, which is not pre-approved. It serves to overcome the person's active resistance and is achieved by means of one of the following:

Physical Restraint - direct bodily contact

Mechanical Restraint – a physical device

Chemical Restraint – medication

Restraints vs. Holds

Restraints are used in emergency situations. They are neither pre-approved, nor are they included in the person's Behavior Support Plan.

Planned "Holds" are pre-approved by the Individual or Guardian, the ISP team, a physician or designated health-care provider, the Peer Review Committee and the Human Rights Committee. Holds are also outlined in the Behavior Support Plan.

Restraints

used only in emergency situations

used only after the failure of less-restrictive alternatives

used only for a period of time necessary to accomplish its purpose

"Emergency"

Emergency means:

Incidence of serious self-injurious behavior

Imminent threat of serious self-injurious behavior or behavior likely to lead quickly to self-injurious behavior

“Emergency”

Emergency means:

Incidence of serious physical assault

Imminent threat of serious physical assault, or has engaged in any act which indicates an intention to carry out assault immediately

What about property damage?

The imminent threat or occurrence of property damage is not an emergency, unless it has the potential to harm that person or others.

Examples of “Emergency”

George is head-butting the wall. He does not respond to verbal redirection or any light/gentle guidance.

Alice picks up a chair and intends to throw it at her housemate.

Brooke is attempting to insert a pair of tweezers into the electrical outlet.

More Examples of “Emergency”

Steve is running toward a busy street. He does not respond to your verbal redirection or any light/gentle physical guidance.

Malcolm begins to spit at and punch you. You try to walk away, but he follows and continues to assault you. He does not respond to any type of redirection.

Rules to Follow

Use only when less restrictive measures have failed

Use only if professional judgment concludes that restraint is the only effective way to keep the person and others safe

Use only for the period necessary

DO NOT use as a form of punishment

DO NOT use for staff convenience

Ask yourself...

Is this person in danger?

Is someone else in danger?

Am I in danger?

If I don't intervene, will someone get hurt?

What's the least-restrictive but most effective way to stop this dangerous behavior?

What's the least-restrictive but most effective way to keep everyone safe?

Types of Restraint

In an emergency situation, there are three possible means of restraint:

Physical Restraint
Mechanical Restraint
Chemical Restraint

All forms of restraint are highly restrictive and subject to stringent rules and regulations around their use.

Physical Restraint

...any limitation of movement achieved by means of direct bodily contact between the individual and staff.

Use of physical force to:
overcome the person's active resistance
interrupt their movement
move them to a particular destination
Mechanical Restraint

...any limitation of movement achieved by means of a physical device.

NOT ALLOWED unless approved by DDS through a waiver.

Mechanical Restraint Rules

No community provider may issue a mechanical restraint other than for use of mitts, without an approved waiver from the DDS Office for Human Rights.

Mitts or mechanical restraints, where applied, must be checked at least every 15 minutes for comfort, body alignment, and circulation by authorized staff person or staff in attendance.

Mechanical Restraint Rules

No person may be held in a mechanical (or physical) restraint for more than 6 consecutive hours.

No person may be held in a mechanical restraint for more than a total of 8 hours in a 24 hour day.

Chemical Restraint

non-consensual use of medication, not for treatment, but for the purpose of impairing the individual's freedom of movement...

There are strict requirements around its use. Most providers are not equipped to meet criteria, so chemical restraints are not authorized.

Chemical Restraint Rules

Chemical restraint may only be initiated when a physician determines it the most appropriate alternative available to a person.

The physician must either be present, or be consulted by phone by a registered nurse, nurse practitioner, or certified physician's assistant, who is present with the person.

Chemical Restraint Rules

Order must be documented by the physician or medical professional consulting the physician.

Chemical relaxation for medical or dental treatment is not a restraint, but is deemed incidental to treatment. Use of the medication must be consented to.

Chemical Restraint Rules

PRN (as needed) medication for treatment purpose is not a form of restraint. This medication is part of an approved treatment plan and is implemented when an individual meets observable criteria that is outlined in the plan.

The difference between PRN and chemical restraint is that a PRN helps person become more able to engage in program, while chemical restraint partially, or wholly incapacitates a person.

When a person has more than 1 restraint (beyond a 24 hour period) in a week or more than 2 in a month, then the ISP team must meet to evaluate the circumstance around the need for restraint and determine if they need to develop an intervention strategy to lessen the need for restraint.

When is it NOT a Restraint?

No resistance

Verbal or gestural prompt

Light touch guidance (with no resistance)

Gentle holding/comforting during an appointment

by only one person

for no longer than 5 minutes

Approved and outlined in a behavior plan

Restraint

Jack takes off running through the parking lot of the local grocery store. He is not paying attention to the moving cars around him. You are concerned he may get hurt, so you stop him. He resists and you must use an escort technique to force him to a safer area.

This is an emergency restraint, because:

You used force to overcome his active resistance

It's not approved as a technique in his behavior plan

Not a restraint

Jack takes off running through the parking lot of the local grocery store. He is not paying attention to the cars around him. You are concerned he may get hurt, so you run to him, lightly place your hand on his shoulder and gently guide him back to the vehicle. He does not resist. He willingly returns to the vehicle.

This is NOT an emergency restraint because:

You did not use force to overcome any resistance

You used gentle physical guidance to get him back to the vehicle

Restraint

Ebony becomes upset after her housemate changes the channel. She begins to repeatedly punch, scratch and kick her housemate. You must pull Ebony away from her housemate. Ebony's behavior plan does not approve any type of holding or escort techniques.

This is an emergency restraint, because:

You used force to overcome her active resistance

It is not approved as a technique in her behavior plan

Not a restraint

Ebony becomes upset after her housemate changes the channel. She begins to repeatedly punch, scratch and kick her housemate. You must pull Ebony away from her housemate. You secure her arms and remove her from the area using the SafeHands technique described in her behavior plan.

This is NOT an emergency restraint, because:

It is a pre-approved technique in her behavior plan

Restraint

While at the dentist's office, Aubrey becomes nervous and begins to scratch the dentist. She then throws the dentist's tools and begins to kick the nurse. She is not calming down and you must firmly hold her arms and legs so that she does not hurt herself or anyone else. The hold lasts for 7 minutes and she resists the entire time.

This is an emergency restraint, because:

You use force to overcome her resistance

It is not an approved technique in her behavior plan

Not a restraint

While at the dentist's office, Aubrey becomes nervous and begins to scratch the dentist. You lightly place one hand over her arm, and use your other hand to lightly grasp her shoulder for less than 5 minutes. She calms down and is able to complete the procedure.

This is NOT an emergency restraint, because:

It is a gentle and comforting hold

It is used for less than 5 minutes

It is used by one person (if three people are necessary then it is automatically considered to be a restraint)

Restraint

Luke is on his way to the mall. While the vehicle is in motion, he removes his seatbelt and tries to grab the steering wheel. While the driver is attempting to pull the vehicle over, you use a "basket hold" to secure Luke in his seat. Luke has never displayed this behavior before.

This is an emergency restraint, because:

You used force to overcome his active resistance

The hold was not pre-approved

The hold is not included in Luke's behavior plan

Not a restraint

Luke has a history of dangerous behavior in vehicles. The team has met and a seatbelt guard has been pre-approved. While in the vehicle, Luke is unable to unbuckle his seat belt. His plan also include the use of SafeHands technique to prevent Luke from head-butting the window.

This is NOT an emergency restraint, because:

The techniques are pre-approved

The techniques are included in his behavior plan

DDS Regulations Governing the Use of Emergency Restraint

All agencies are responsible for documenting restraints in the on-line HCSIS restraint module

All agencies and Area Office staff must abide by the HCSIS reporting deadlines

All restraints must be "authorized" by a certified staff

The person being restrained must be monitored during the restraint and interviewed after the restraint

Safety checks must be conducted at least every 15 minutes during the course of the restraint

Reporting the Restraint

Timeline for Reporting the Restraint

Restraint event occurs

Within 3 days from event: initial report is drafted and finalized. An alert goes to the agency's Restraint Manager. The report is now viewable in HCSIS.

Within 5 days from the event: Restraint Manager completes review. Area Office receives alert and may review report. The agency's Human Rights Committee may also comment from this day forward.

Timeline for Reporting the Restraint

Within 7 days of receipt, the Area Office will have reviewed the report, resolved disputes with the provider and will finalize the report. At this point, the report becomes available for the Commissioner's Review by the Human Rights Specialist.

Timelines for Reporting the Restraint

Within 120 days from the event, the Human Rights Specialist will complete the Commissioner's Review. The Commissioner's Review is completed on a sample of restraint reports, not all of them.

Within 120 days from the event, the agency's Human Rights Committee shall enter comments. The report cannot be closed until this is completed.

Authorizing the Restraint

Who is the Restraint Authorizer?

The Restraint Authorizer is the person who has:

- completed an approved restraint program and been certified as a person eligible to apply a restraint
- successfully completed this online training program
- obtained a letter for their personnel file from the head of their agency selecting them for this role

Who is the Restraint Authorizer?

The Restraint Authorizer also:

- ensures that all preventative and alternative measures have been exhausted prior to the restraint being implemented

- ensures that the situation resulting in restraint really qualifies as an "emergency" as defined in the DDS Regulations (5.11)

Who is the Restraint Authorizer?

The Restraint Authorizer also:

- determines that the least restrictive technique available to keep the person safe is being used

- determines the earliest point to end restraint

- works with the "staff in attendance", who ensures the person is not in physical or emotional distress, to protect the safety of the individual being restrained

Who is the Restraint Authorizer?

The Restraint Authorizer also:

- provides on-going evaluation to assess whether the person in restraint is calming down

- determines if additional help may be needed and arranges for assistance

- determines whether or not there is an alternative and more helpful way to stabilize the situation and support the person if the restraint is ineffective

Who is the Staff in Attendance?

The “Staff in Attendance”:

monitors the restraint at least every 15 minutes

is not the person applying the restraint

can see the person’s face and communicate with them during the restraint

monitors the person’s emotional and physical state

ensures the person being restrained is not experiencing emotional or physical distress

documents the person’s condition during each monitoring period

If a “staff in attendance” is not available to monitor the restraint, then the event may not exceed 2 hours.

Please Note

It is extremely rare for a restraint to continue beyond one hour. More than 85% of all restraints are 15 minutes or less in duration. If a restraint approaches one hour, then the Restraint Authorizer should determine whether or not additional staff is needed, or if emergency services should be contacted to transport the person to the Emergency Room.

Please Note

In the rare event that an event continues for more than two hours, a 10-minute relief period is required and must be documented in the restraint report.

Authorizing a Restraint

Restraints can be authorized by:

The head of the provider agency or designee, or an authorized physician

This person must be present during the restraint or provide a written order just prior to restraint implementation

This person can authorize a restraint for a maximum duration of 2 hours

Authorizing a Restraint

Restraints can also be authorized by:

A “Restraint Authorizer”

This person must be present during the restraint

This person can authorize a restraint for a maximum duration of 1 hour

Renewing a Restraint

An initial restraint must be renewed should the situation remain unsafe beyond the maximum duration of the initial order, or if the situation immediately re-escalates after removal of the initial restraint.

Renewing a Restraint

Restraints can be renewed by the head of the provider agency or designee, or by an authorized physician for an additional 2 hours.

Restraints can be renewed by a "Restraint Authorizer" for an additional 1 hour.

If renewed, a second restraint report, classified as "renewal" must be filed.

Maximum Duration

The total time the person is restrained (initial and renewals) must never exceed 6 consecutive hours.

The Restraint Report

The Restraint Report

Section I: Restraint Basic Information

Identifying Information

Type of Restraint (physical, mechanical, chemical)

Type of Restraint "Order" (initial or renewal)

Start and end times (do not include escalation/de-escalation period...only the actual restraint)

Was there an accompanying Incident Report?

Description of Emergency Situation

The Restraint Report

Section II: Restraint Information II

Behavioral antecedents to the emergency

Less-restrictive methods used prior to restraint

Did restraint result in physical injury?

The Restraint Report

Section III: Physical Restraint

Describe how restraint was implemented

Position of person

Was mechanical or chemical restraint used?

Is there a plan to address the problem in the ISP?

Describe the person's behavior and condition during the restraint and safety checks

Reason for permanent removal of restraint

Describe the person's behavior and condition after the restraint

The Restraint Report

Section IV: Involved Parties – names of staff involved in the restraint event

Section V: Individual's Condition

Monitoring type and time

Relief start and stop times

Describe individual's condition

The Restraint Report

Section VI: Individual Interview – after the restraint has ended and the situation has de-escalated, the individual should be asked to comment on the experience, why it happened and how to prevent it in the future. Even if the person is nonverbal, there should still be an attempt to debrief after the restraint.

Section VII & VIII: Restraint Manager Review & Comments

The Restraint Report

Section IX: Area Office Review & Comments

Section X: Human Rights Committee Review & Comments

Section XI: Commissioner's Review & Comments (completed by the region's Human Rights Specialist)

What about Escorts?

Escorts

Escorts can be effective at relocating a person who poses a threat or a person who is in danger.

Escorts are meant to guide the person in the right direction.

The moment you use physical force to overcome that person's active resistance to get them to move in a certain direction, then it becomes a restraint.

Escorts

Scenario 1:

Sue walked over to the stove while the oven was on and hot water was boiling on top. A staff person stood between Sue and the stove, placed his hand lightly on Sue's shoulder, pointed toward the door and guided Sue out of the kitchen. Sue did not resist the escort. Sue turned around and followed staff's gestural prompt out of the kitchen.

This is not a restraint.

Escorts

Scenario 2:

Sue walked over to the stove while the oven was on and hot water was boiling on top. A staff person stood between Sue and the stove, but Sue attempted to push past the staff to get to the boiling water. Although Sue resisted, the staff was able to safely escort Sue out of the kitchen.

This is a restraint.

What about Time-Out?

Definition

Time-Out – socially isolating an individual by removing the individual to a room or an area physically separate from, or by limiting the individual's participating in, ongoing activities and potential sources of reinforcement, as a suppressive consequence of an inappropriate behavior.

Time-Out

Getting someone to a Time-Out area may require a physical escort over active resistance, which is considered to be a restraint.

Time-Out

Scenario 1:

Tom was cursing in the living room, and threatening to punch his housemate. Staff verbally prompted Tom to the time-out area. Tom went to the time-out area without resistance. Staff followed behind and monitored Tom while he was in the time-out area for 6 minutes.

This is not a restraint.

Time-Out

Scenario 2:

Tom was cursing in the living room and threatening to punch his housemate. Staff verbally prompted Tom to the Time-Out area. Tom refused and began to walk over to his housemate with closed fists. Staff physically escorted Tom to the Time-Out area. Tom resisted, pushing back against staff and trying to drop to the floor. Staff brought Tom to the Time-Out area, and monitored him until he calmed.

This is a restraint.

Final Thoughts

Always try to identify early steps and develop strategies to prevent an emergency from occurring.

Strive to recognize when the person may seem to be having a bad day and look deeper to see if you can understand why.

Understand that emergency restraints are a significant intrusion on a person's liberty and freedom of movement.

Consider the range of tools available for responding to dangerous situations in the least-restrictive way.

Final Thoughts

Understand the rules, regulations and boundaries of what can be done and what can't be done.

Attempt to understand the nature of the problem in order to prevent it from happening in the future.

Attempt to develop a plan to teach the person coping skills or replacement behaviors to deal with the situation, which led to emergency restraint.

Final Thoughts

A thoughtful authorizer is a good authorizer
and an asset to the person's team!

Test Instructions

Complete the answer sheet at the end of the test

Send answer sheet to your region's Human Rights Specialist (via mail or email)

The Human Rights Specialist will score the test and notify you of the results

You must score 80% or higher to pass

Post Test

1. Any designated staff person who has had formal training can authorize a chemical restraint.

- a. True
- b. False

Post Test

2. An initial order for a physical or mechanical restraint by an authorized physician is good for up to:

- A. 1 hour
- B. 2 hours
- C. 3 hours
- D. 4 hours

Post Test

3. What is the maximum time a person can be in continuous restraint under any circumstance?

- A. 2 hours
- B. 4 hours
- C. 6 hours
- D. 8 hours

Post Test

4. How often must a person be released (relief periods) when in physical or mechanical restraint?

- A. 5 minutes every hour
- B. 5 minutes every two hours
- C. 10 minutes every hour
- D. 10 minutes every two hours

Post Test

5. Which is most true?

When a person has more than 1 restraint (beyond a 24 hour period) in a week or more than 2 in a month:

- A. The behavior support plan must be upgraded to Level II B. The ISP team must meet to evaluate the circumstance around the need for restraint and determine if they need to develop an intervention strategy to lessen the need for restraint.
- C. The day program needs to be notified in case the person has a problem in work.

D. The guardian needs to be notified.

Post Test

6. What is a “staff in attendance?”

A. Someone particularly close to the individual

B. Someone trained to authorize the restraint

C. Someone who applies the restraint

D. Someone trained to understand the physical and emotional reactions to restraint and monitor the restraint

Post Test

7. The individual’s comments section of the restraint report must be completed even if the person who was restrained is non-verbal.

A. True

B. False

Post Test

8. A renewal order for physical restraint, which was issued by an authorized staff is good for no more than:

A. 1 hour

B. 2 hours

C. 3 hours

D. 4 hours

Post Test

9. Ralph’s restraint began 15 minutes ago, but he is becoming more and more agitated. The staff is unable to release due to safety concerns. The authorizer should:

A. End the restraint immediately

B. Determine whether or not additional help is needed and arrange for assistance

C. Call for an ambulance

D. Call the police

Post Test

10. John has slapped four peers. Ativan is prescribed as a PRN for situations such as this. Staff offer the Ativan, and John accepts it although he is still agitated and flailing his arms. The staff support John to

take the medication by gently holding his arms, preventing them from flailing. John is not resisting the gentle hold, which lasts for 2 minutes. John calms down and is able to return to and actively participate in programming. Which type(s) of restraints were used?

- A. Chemical restraint only
- B. Chemical and physical restraint
- C. Physical restraint only
- D. No restraints

Post Test

11. A staff person is new in a work area and has been told that a person is having a bad day and had three restraints so far. The staff wants to find out what triggers the person may have and what are the best less restrictive interventions to try. They can:

- A. Talk to the staff person most skilled at calming the person down.
- B. Talk to the psychologist or supervisor before there is more trouble.
- C. Look in the behavior support plan ahead of time to learn the antecedents and what to do at this stage of upset for this person.
- D. All of the above

Post Test

12. Fred's medical orders include Ativan 3mg PRN to be used in the event that his behavior escalates to an emergency. Since the order is already written as part of the monthly orders, does the nurse still need to contact the physician to order the chemical restraint?

- A. Yes
- B. No

Post Test

13. PRN (as needed medication) is part of an approved treatment plan and is implemented when an individual meets observable criteria that is outlined in the plan.

- A. True
- B. False

Post Test

14. Jeff had never done this before, but while on the van there was a near accident and he got scared. He reacted by getting out of his seat, screaming and threatening everyone. Staff held him down in his seat. This technically was:

- A. Transportation Restraint
- B. Unplanned transportation restraint
- C. Emergency physical restraint
- D. An unfortunate incident

Post Test

15. Mary has been striking her right cheek and caused a bruise. The authorized staff person tells you to hold her arms down at her side. After 30 seconds of active resistance, Mary stops resisting and is no longer trying to hit herself. The staff releases Mary's arms. What kind of restraint was this?

- A. Physical restraint
- B. Mechanical restraint
- C. Chemical restraint
- D. Not considered a restraint

Post Test

16. Physical restraint is always less restrictive than chemical restraint, regardless of person's physical condition:

- A. True
- B. False

Post Test

17. Sally has a restraint that includes holding her wrists. In doing safety checks, staff notice that one of her hands is cold and pale. What action is required?

- A. Increase the frequency of the safety checks
- B. Elevate her arm
- C. Loosen the restraint and call doctor for advice
- D. Release the restraint and hope she will calm

Post Test

18. Mike's medication plan calls for Ativan 2 mg to be given when he begins to speak loudly and says that he is going to jump out of the window. He does both, but after taking the medication, he is still sitting in his chair and now focused on his task. Use of Ativan was:

- A. a PRN
- B. a chemical restraint

Post Test

19. Fred's behavior plan approves the use of blocking techniques when Fred is attempting to injure himself. The staff have been following Fred's behavior plan as written but it hasn't been effective. After a half hour of blocking, the clinician instructs staff to hold Fred's arms. The hold is approved by DDS, but is not included as an approved technique in Fred's behavior plan. The staff actively struggles with Fred for 3 minutes. Once he calms down, he is released. What kind of restraint is this?

- A. Physical restraint
- B. Mechanical restraint
- C. Chemical restraint
- D. Not a restraint, but firm and gentle holding

Post Test

20. Ron is refusing to empty the garbage at his home, the staff person calls him an “idiot” and threatens to physically force him to take the trash out. Ron hits the staff and gets restrained. This is evidence of:

- A. A proper emergency
- B. A proper enforcement of house rules
- C. Abuse or mistreatment
- D. Use of natural consequences

Answer Sheet

Restraint Authorizer Legal Training

1.____ 2.____ 3.____ 4.____ 5.____ 6.____ 7.____ 8.____ 9.____ 10.____ 11.____ 12.____ 13.____
14.____ 15.____ 16.____ 17.____ 18.____ 19.____ 20.____

Printed Name of Person Taking Test:_____

Signature of Person Taking Test:_____

Date: _____